

City Council
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CITY OF LONG BEACH



City Manager
Jack Schnirman

Assistant Superintendent
of Parks and Recreation
Paul Ferrante

PARKS AND RECREATION DEPARTMENT



POOL SWIM • BIKE • RUN
SATURDAY, JUNE 13, 2015
LONG BEACH RECREATION CENTER

CHILDREN:	For ages 4 - 7, 25 yd swim*(1 pool length), 475 ft bike ride**, 500 ft run For ages 8 - 10, 75 yd swim (3 pool lengths), ½ mi bike ride, 750 ft run For ages 11- 13, 125 yd swim (5 pool lengths), 1 mi bike, 1000 ft run
CHECK-IN:	Registration and check in 7:45 a.m. to 8:30 a.m. at the Recreation Center First wave begins at 9:00 a.m.
ENTRY FEE:	\$25 (for all entrants) pre-race mail registration by June 6, 2015 \$30 day of race. Checks payable to: City of Long Beach T-shirt to all pre-registrants & day of race registrants while supplies last.
SEND TO:	Long Beach Kids Triathlon Long Beach Recreation Department 700 Magnolia Boulevard Long Beach, NY 11561
AWARDS:	All participants will receive medals.
NOTES:	The race will take place rain or shine. All participants must wear a helmet during the bike ride. There will be no traffic on the race course. *Swimmers may swim with or without assistance; assistance may be in the form of a kickboard, floatation bar, or parent. Arm floats are prohibited.* ** Big Wheels, tricycles and training wheels are allowed. No scooters. **



For more information call
the Recreation Center
(516) 431-3890 or visit
www.longbeachny.gov/rec



2015 LONG BEACH KIDS TRIATHLON ENTRY FORM PLEASE PRINT CLEARLY > PUT TELEPHONE NUMBER ON CHECK

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Long Beach, Long Beach Parks and Recreation Department, their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for the completion in the swimming, biking and running segments of this event and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ M____ F____ TELEPHONE # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ E-MAIL _____
AGE on 6/13 _____ D.O.B. _____
SIGNATURE _____ PARENT SIGNATURE _____
(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY			
RECEIPT # _____	AMOUNT PAID _____	DATE _____	STAFF _____